Massachusetts Dep	artment of Publ	ic Health SAMPLE S	UBMI	ISSION FORM	1	Food Pro	otection Program	Other				
Signature of Inspec	ctor delivering s	ample to Laboratory:			Lab	oratory Num	nber(s):					
Sample Numbers o	f Inspector who	collected samples:			Date	e Collected:						
Name of Establishnent/Plant/Individual-Include Address and Phone Number:					Date Received in Laboratory: Time: Initials: Condition received in Lab.: On ice Frozen Room Temp							
Sample origin:					Oth	er:						
Send results to: Na	nme/Title: ddress:				Date	e results sub	mitted to Supervisor:					
Ph	none:	Fax:										
Specific Instructions: A					Assignment: Date:							
Reason for sample	e submission:	Inspection:	(Salvage:		Embar	go: (Tag #)				
Complaint:	General Cor	nplaint # or	Food	borne Illness:_		Foodborne	Illness Complaint # _		Date pu	ırchased:		
	Massachuse	tts Department of Public Healt	h	S	tate Lab	oratory Instit	tute Fo	od Microbiolog	y Laboratory	7		
	Pro	duct Information					Lab Res	ults				
Lab. Number	Inspector Number	Sample Description	S'	Description Type of Container Sealed/Open	Code/ Date	Net Wt/Vol Or Gross Wt/Vol		Results				
							<u> </u>					
S': Indicates source o	of sample: Consur	ner-(C), Retail-(R), Manufactur	er-(M),	Distributor-(D)	, Follow-	up-(F), Othe	r-(O) <10 = not found at	1:10 < 100 = not	found at 1:100	<1000 = not fo	ound at 1:1000	
* = Violation	NF = Not Foun	d NA = Not Applicable		** Results su	ggest fu	rther invest	igation of ingredient	s or food hand	lling proced	ures is reco	mmended.	
Date analysis completed: Date Reported:				Analyst(s): Reviewed By:_				Leftover sample in lab: Yes: No:				

REMARKS: Rev.. 9/05

Sample Continuation Sheet

Product Information Lab Results

	* * *	ouuct inioi mation		Lab Results								
Lab. Number	Inspector Number	Sample Description	S'	Description Type of Container Sealed/Open	Code/ Date	Net Wt/Vol Or Gross Wt/Vol	Results					
			+									
		mar (C) Patail (P) Manufactura					<u> </u>					
C'. Indicatos source	af anna 1 a. Camar	man (C) Datail (D) Manufacture	- (A ()	Distallantan (D)	Callarer	(E) Oth	· (O) <10	4 C 1 4 1 1	0 <100 +	C 1 4 1 100	-1000 + (1 4 1 1000

S': Indicates source of sample: Consumer-(C), Retail-(R), Manufacturer-(M), Distributor-(D), Follow-up-(F), Other-(O) <10 = not found at 1:10 <100 = not found at 1:100 <1000 = not found at 1:1000 =

* = Violation NF = Not Found NA = Not Applicable ** Results suggest further investigation of ingredients or food handling procedures is recommended.

Rev. 9/05

Page _____ of ____